MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09782534
FILING DATE 09-12-01
APPLICANT(S) Joseph F. Breimayer

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.		CLAIM	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
1	1							51						
2		1						52						
3		1						53						
4		1						54						
5		1						55						
6		1						56						
7		1						57						
8		1						58						
9		1						59						
10		1						60						
11		1						61						
12		1						62						
13		1						63						
14		1						64						
15		1						65						
16		1						66						
17		1						67						
18		1						68						
19		1						69						
20		1						70						
21		1						71						
22		1						72						
23		1						73						
24		1						74						
25		1						75						
26		1						76						
27		1						77						
28		1						78						
29		1						79						
30		1						80						
31		1						81						
32		1						82						
33		1						83						
34		1						84						
35		1						85						
36		1						86						
37		1						87						
38		1						88						
39		1						89						
40		1						90						
41		1						91						
42		1						92						
43		1						93						
44		1						94						
45		1						95						
46		1						96						
47		1						97						
48		1						98						
49		1						99						
50		1						100						
TOTAL IND.	1							TOTAL IND.						
TOTAL DEP.	49							TOTAL DEP.						
TOTAL CLAIMS	50							TOTAL CLAIMS						